

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILING DATE

APPLICATION

10/588459

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND. DEP.		IND.	DEP.	IND.	DEP.		IND. DEP.		IND.	DEP.	IND.	DEP.
	1			1			51			51			
2							53			53			
3							54			54			
4							55			55			
5							56			56			
6							57			57			
7							58			58			
8							59			59			
9							60			60			
10							61			61			
11							62			62			
12							63			63			
13							64			64			
14							65			65			
15							66			66			
16							67			67			
17							68			68			
18							69			69			
19							70			70			
20							71			71			
21							72			72			
22							73			73			
23							74			74			
24							75			75			
25							76			76			
26							77			77			
27							78			78			
28							79			79			
29							80			80			
30							81			81			
31							82			82			
32							83			83			
33							84			84			
34							85			85			
35							86			86			
36							87			87			
37							88			88			
38							89			89			
39							90			90			
40							91			91			
41							92			92			
42							93			93			
43							94			94			
44							95			95			
45							96			96			
46							97			97			
47							98			98			
48							99			99			
49							100			100			
TOTAL IND.			↓			↓							
TOTAL DEP.			←		↑	←			↓				
TOTAL CLAIMS			██████████		██████████	██████████			██████████				